

Transition Services Handout

November, 2004



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.state.mt.us

EVALUATION PLAN

NOTICE OF INTENT TO CONDUCT AN EVALUATION OR REEVALUATION and PERMISSION FOR EVALUATION OR REEVALUATION

TO: _____
(Parent/Guardian/Surrogate/Adult Student)

_____/_____/_____
(Name of Student) Date of Birth

Has been referred for comprehensive evaluation for the following reasons:

The tests and other evaluation procedures to be used to assess your child are marked below:

☐ **ACADEMIC ACHIEVEMENT:** Individually administered diagnostic tests in reading, language, math and written language to determine skills in the above areas.

☐ **ASSISTIVE TECHNOLOGY/SERVICES:** Needs for assistive devices and services in order to benefit from special education services.

☐ **BEHAVIORAL:** Assessment and/or observations to identify supports and strategies to address behavioral needs.

☒ **CLASSROOM-BASED ASSESSMENT*:** Involvement and progress in general education curriculum: (i.e., reading, math, etc.). _____

☐ **COMMUNICATION:** Individual tests of speech and/or receptive and expressive language skills.

* Required

☐ **DEVELOPMENTAL:** Individually administered tests and/or structured observations of preschool-age students or others as appropriate.

☐ **ENGLISH PROFICIENCY:** Assessments measuring English proficiency as it relates to educational needs.

☐ **FUNCTIONAL BEHAVIOR ASSESSMENT:** Assessment and/or observations to identify supports and strategies to address behavioral needs.

☒ **OBSERVATIONS***

☐ **PHYSICAL:** Visual and hearing acuity; gross and fine motor development; orientation/mobility; blindness/visual impairment (need for Braille instruction).

☐ **PSYCHOLOGICAL:** Individually administered intelligence tests and measures of adaptive behavior designed to help determine the student's ability to function in an academic setting. _____

☐ **SOCIAL/EMOTIONAL:** Checklists, tests and observations to determine social skills and emotional status of the student. _____

☐ **TRANSITION NEEDS:** Needs in terms of major changes in instruction, learning environment or learning objectives. _____

☐ **OTHER: (specify)** _____

If you have any questions about your rights, or any part of the Special Education process, please contact your school administrator or cooperative personnel. Please respond to this request for Permission for Evaluation as soon as possible.

I understand the reason(s) for the evaluation and the description of the tests and other evaluation procedures and have checked the appropriate box below. I have received the pamphlet **PARENTAL RIGHTS IN SPECIAL EDUCATION**.

☐ Permission is **given** to conduct the evaluation. _____
Parent/Surrogate/Guardian/Adult Student Date

☐ Permission is **denied**. _____
Parent/Surrogate/Guardian/Adult Student Date

School Contact

Phone Number

Date Sent

Child Study Team Report

STUDENT INFORMATION

Student's Name	Initials	Birthdate	Age	Sex	Grade	Today's Date
Parent/Guardian Name	Parent/Guardian Address				Home Phone	
					Work Phone	
School	Initial Referral Date				Initial Evaluation <input type="checkbox"/>	
	Next 3-year Comprehensive Reevaluation Due				Reevaluation <input type="checkbox"/>	

EVALUATIONS AND INFORMATION PROVIDED BY THE PARENT(S) AND/OR STUDENT

Parent Comments*: _____

Student Comments: _____

Implications/Instructional Strategies for Educational Planning: _____

ASSESSMENT AREAS

Assessment results, including implications for educational planning, may be summarized or attached as written reports.

Summarized	Report Attached		Summarized	Report Attached
<input type="checkbox"/>	<input type="checkbox"/>	Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Assistive Technology/Services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Classroom-Based Assessment*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Communication	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Developmental	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Independent Educational Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>
				Observations*
				Physical
				Psychological
				Social/Emotional/Behavioral
				Speech/Language
				Transition Needs
				Vision
				Other: _____

* Required

CHILD STUDY TEAM REPORT

Student's Name: _____

CST Date: _____

ELIGIBILITY DETERMINATION

Student **IS** eligible for special education and related services under the Individuals with Disabilities Education Act. Basis for making the determination that the student has a disability and needs special education and related services:

Disability criteria: _____

Why does the student need special education and related services? _____

Disability Categories (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deafness | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Child with Disability (age 3-5) | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Delay | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Language Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| | | <input type="checkbox"/> Visual Impairment |

Recommendations for consideration by the IEP team:

Special Education Services

- | | | |
|--|--|---|
| <input type="checkbox"/> Adaptive Physical Education | <input type="checkbox"/> Reading | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Braille Instruction | <input type="checkbox"/> Self-Help/Independence | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Career/Vocational | <input type="checkbox"/> Sensory-Motor | <input type="checkbox"/> Travel Training |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social/Emotional/Behavioral | <input type="checkbox"/> Written Expression |
| <input type="checkbox"/> Math | | |

Related Services

- | | | |
|---|---|---|
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Parent Counseling and Training | <input type="checkbox"/> Social Work in Schools |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Psychological | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Medical (diagnostic) | <input type="checkbox"/> Recreation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Rehabilitation Counseling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> School Health | |


DOCUMENTATION—if not eligible

Student **IS NOT** eligible for special education and related services under the Individuals with Disabilities Education Act for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Does not meet disability criteria | <input type="checkbox"/> Lack of instruction in reading or math |
| <input type="checkbox"/> Does not demonstrate need for special education | <input type="checkbox"/> Limited English proficiency |

Discussion: _____

Recommendation for accommodation or referral for other services as appropriate: _____

 <div data-bbox="354 115 670 212"> <p>Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501</p> </div>	<h2 style="margin: 0;">Special Education Meeting Notice</h2>
Student's Name	Today's Date
Parent/Guardian Name	IEP Manager and Phone Number

A **Child Study Team** / **IEP Team** meeting has been scheduled for _____

Date

at _____ . The meeting will be held at _____ in _____ .

Time

Location

Room

Topics for discussion will include, but are not limited to:

CHILD STUDY TEAM MEETING

- | | |
|--|--|
| <ul style="list-style-type: none"> ○ Any information you would like to share with the team ○ Current classroom-based assessments ○ Observations by teachers and related service providers ○ Results of assessments in all areas related to the suspected disability ○ The determination of a disability | <ul style="list-style-type: none"> ○ The determination of the need for special education and related services ○ Recommendations for consideration by the IEP team regarding special education and related services |
|--|--|

IEP MEETING

- | | |
|--|--|
| <ul style="list-style-type: none"> ○ Parent and student information regarding strengths, progress and needs ○ Consideration of special factors such as behavior, communication, limited English proficiency, and need for assistive technology ○ Participation in state/districtwide assessments ○ Extended school year ○ Measurable annual goals and short-term objectives or benchmarks ○ Participation in the general education program | <ul style="list-style-type: none"> ○ General education accommodations and modifications ○ Special education and related services ○ Responsibilities for implementing the IEP <p>For students age 14 and older:</p> <ul style="list-style-type: none"> ○ Secondary transition plan that includes needs and/or services ○ Graduation from high school ○ Transfer of parental rights to the adult student |
|--|--|

Those invited to attend include: (check all that apply)

- ☒ Parent(s)/Guardian/Surrogate
- ☐ Student
- ☒ Administrator or Designee
- ☒ Regular Education Teacher(s)
- ☒ Special Education Teacher(s)

- ☐ Speech/Language Pathologist
- ☐ School Psychologist
- ☐ Other Specialist (specify): _____
- ☐ Outside Agencies (specify): _____

For students age 14 and older the school district is required to invite the student to attend the IEP meeting.

The topics indicated above are those proposed for discussion. This does not limit the topics related to this student's educational program that can be discussed at the meeting. In addition to those people listed above, you may invite other individuals to participate who have knowledge or special expertise regarding the student. Please review the enclosed *Parental Rights in Special Education* pamphlet as it describes the procedural safeguards in special education.

Please contact the IEP manager if you have questions prior to the meeting.

STATEMENT OF TRANSITION SERVICE NEEDS

For ALL students beginning at age 14 (or younger, if determined appropriate by the IEP team).

Student Name: _____ IEP Date: _____

If the student turns 14 during this IEP term, transition services must be included in the IEP by the student's 14th birthday.

STUDENT'S PREFERENCES AND INTERESTS:

STUDENT'S DESIRED POST-SCHOOL GOALS:

(in the areas of employment, adult living, post-secondary education and vocational training, community participation)

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE RELATED TO TRANSITION:

LONG-RANGE EDUCATIONAL PLAN:

Provide a course of study (a multi-year description of the educational program) that will:

- be meaningful to the student's future and motivate the student to complete his/her education; and
 - directly relate to the student's anticipated post-school goals and the student's preferences and interests.
- (review and revise annually)

Anticipated Graduation Date: _____

School Year_____	Credit	School Year_____	Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	TOTAL	_____
School Year_____	Credit	School Year_____	Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	TOTAL	_____

Total number of credits required for graduation: ____

STATEMENT OF NEEDED TRANSITION SERVICES

For ALL students beginning at age 16 (or younger, if determined appropriate by the IEP team).

Student Name: _____ IEP Date: _____

If the student turns 16 during this IEP term, the statement of needed transition services must be included in the IEP by the student's 16th birthday.

COORDINATED ACTIVITIES/STRATEGIES AND INTERAGENCY RESPONSIBILITIES AND LINKAGES

Describe a coordinated set of activities designed within an outcome-oriented process that will:

- directly relate to the student's anticipated post-school goals and the student's preferences and interests; and
- promote movement from school to post-school settings and activities. (review and revise annually)

Check if discussed and not needed	TRANSITION SERVICES	ACTIVITIES/STRATEGIES	PERSON RESPONSIBLE/ AGENCY/PAYER	OUTCOMES & TIMELINES	IEP GOAL # (special ed. services only)
<input type="checkbox"/>	INSTRUCTION				
<input type="checkbox"/>	EMPLOYMENT				
<input type="checkbox"/>	COMMUNITY EXPERIENCES				
<input type="checkbox"/>	POST-SCHOOL ADULT LIVING				
<input type="checkbox"/>	RELATED SERVICES				
<input type="checkbox"/>	DAILY LIVING				
<input type="checkbox"/>	FUNCTIONAL VOCATIONAL ASSESSMENT				
Agencies invited to the IEP meeting that did not send a representative:			Steps taken to ensure agency participation in planning if a representative did NOT attend:		

TRANSFER OF RIGHTS AT AGE OF MAJORITY

The student has been informed of his or her rights under IDEA that will transfer to the student on reaching the age of majority. The student must be informed at least one year before the student reaches age 18. Date student was informed of the transfer of rights: _____ Date student reaches the age of majority: _____



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Transfer of Parental Rights – Student Notice

Student's Name	Birth Date	Today's Date
Parent/Guardian Name	District/ School	

Dear _____,
(student)

Montana law states that you will become an adult at age 18. On your 18th birthday, all rights and responsibilities granted to your parents under the Individuals with Disabilities Education Act will transfer to you, unless a court has appointed your parents or another individual as your legal guardian.

At age 18, you can make your own educational decisions. Your parents will continue to receive notices of all CST and IEP meetings. Enclosed is a copy of the rights that will transfer to you at age 18 (*Parental Rights in Special Education*).

If you have questions, please contact me.

Sincerely,

IEP Manager

Phone Number

Enclosure: *Parental Rights in Special Education*



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Transfer of Parental Rights – Parent Notice

Student's Name	Birth Date	Today's Date
Parent/Guardian Name	District/ School	

Dear _____,
(parent/legal guardian)

Your child will soon reach age 18. Under Montana state law, all rights accorded to parents of students with disabilities under the Individuals with Disabilities Education Act transfer to your child on his or her 18th birthday, unless you have been granted legal guardianship of your adult student.

At age 18, the student becomes responsible for making all decisions regarding future educational services. Attached is a copy of the brochure *Parental Rights in Special Education*, which identifies the rights that transfer to your child. The district will continue to provide you with notice of CST and IEP meetings. If you have questions, please contact me.

Sincerely,

IEP Manager

Phone Number

Enclosure: *Parental Rights in Special Education*

SECONDARY TRANSITION



***“Transition...
Beginning with the
end in Mind!”***

***At age 18, students
with disabilities
have the right to
make their own
decisions about
their educational
program.***



Linda McCulloch, Superintendent

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Transfer of Rights to the Adult Student

In Montana, a student who has turned age 18 has the right and responsibility to make certain legal choices, unless those rights have been legally taken from the student.

What are the responsibilities of the school?

When the student reaches age 18, the school will provide notice to both the student and parents of the transfer of rights.

What does this mean for students with disabilities?

The Individuals with Disabilities Act (IDEA) gives Montana the authority to transfer educational decision-making rights to individuals at the age of majority. In Montana, the age of majority is 18 and at that time students become responsible for their educational program. Beginning at least one year before the student reaches age 18, the student's IEP must include a statement that the student has been informed of the rights that will transfer to him or her at age 18. All of the educational rights previously provided to the parents transfer to the student.

What are the educational rights that transfer to the student at age 18?

The student has the right to:

- Receive notice of, attend and participate in Individual Education Program (IEP) and Child Study Team (CST) meetings. Parents still receive notice of IEP and CST meetings.
- Consent to evaluation.
- Consent to change placement.
- Review educational records.
- Request mediation or a due process hearing.
- File a complaint to resolve a dispute about evaluation, identification, eligibility educational placement, or other aspects of a Free Appropriate Public Education (FAPE).

How do we prepare students for the transfer of rights?

Beginning at age 14, the law requires that students be invited to attend their IEP meeting. Students should be encouraged to be an active participant in their IEP meeting. This can help them acquire the decision-making skills they will need at age 18.

Can parents continue to retain educational rights after a student reaches the age of 18?

In certain circumstances a court can appoint the student's parent, or another appropriate individual, as the legal guardian. Guardianship is intended to assist individuals who need guidance in making decisions in regard to education, where to live, employment, money and finances, legal issues, and medical concerns. Guardianship can be limited to education decisions, or it can include more than one major life area. If guardianship is awarded, the guardian will make educational decisions as part of the IEP team. Montana statutes provide for appointment of a guardianship under 72-5-301 et seq, MCA. Guardianship is a legal process, and parents may wish to seek the assistance of an attorney to accomplish this.

Adapted from Parent Brief, NCSET and PACER Center, April 2002

If you have questions regarding the Transfer of Parental Rights process, please contact the Division of Special Education at (406)444-5661.

Student Name: _____

IEP Date: _____

HIGH SCHOOL GRADUATION

(check one box)

- ☐ The IEP team determined that the student **will meet** the district's graduation requirements, **or** will substantially complete the measurable annual goals **and** **will not need** new measurable annual goals. The IEP team **will not** develop a new Individualized Education Program and the student **is** expected to graduate with a regular diploma at the end of the current school year.
- ☐ The IEP team determined that the student **will not meet** the district's graduation requirements, **or** **will not** substantially complete the measurable annual goals, and **will** need new measurable annual goals for the coming school year. The student **is not** expected to graduate with a regular diploma at the end of the current school year and the IEP team must develop a new Individualized Education Program for the next school year.

SECONDARY TRANSITION

Graduation of Students Receiving Special Education Under IDEA

High school graduation is a change in placement for a student with disabilities. Eligibility for special education and related services under the Individuals with Disabilities Education Act (IDEA) ends when the district grants a regular high school diploma. Graduation fulfills the school district's obligation to provide a free appropriate public education.

Like any other change in educational placement, graduation is subject to IDEA procedural safeguards, including prior written notice to the parents and adult student. In Montana, when a student reaches the age of 18 years, the rights formerly provided to the parent transfer to the adult student.

Before a student receives a diploma, the IEP team must meet to review the IEP to assure:

- a. the school district's graduation requirements will be met, or
- b. the student's measurable annual goals will be substantially completed, and
- c. new measurable annual goals are not needed for the coming school year.

If the IEP team determines that the student has met the district's graduation requirements, or substantially completed the measurable annual goals and does not need new measurable annual goals, then the IEP team would not develop a new IEP and the youth would graduate.

If the IEP team determines that the student will not meet the district's graduation requirements, or substantially complete the measurable annual goals, and will need new measurable annual goals for the coming school year, then the IEP team must develop a new IEP for the next school year.

***"Transition...
Beginning with the
end in Mind!"***

***High school
graduation is a
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Linda McCulloch, Superintendent

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www.opi.state.mt.us

If you have questions regarding the graduation of students with disabilities,
please contact your local school district at _____ or
the Office of Public Instruction, Division of Special Education, at (406) 444-5661.

Helpful Websites for Secondary Transition

Montana Sites

http://www.opi.state.mt.us/SpecEd/trans.html	Office of Public Instruction
http://www.msubillings.edu/transition/	Transition Project Home MSU-B
http://ruralinstitute.umt.edu/	UM Rural Institute
http://www.pluk.org/	Parents, Let's Unite for Kids
http://www.mtcec.org/index1.htm	Montana Council for Exceptional Children

Regional Sites

http://www.usu.edu/mprrc/	Mountain Plains Regional Resource Center
http://interact.uoregon.edu/wrrc/transitiondocument.html	Western Regional Resource Center

National Sites

http://www.transitioncoalition.org/index.html	Transition Coalition
http://www.k8accesscenter.org/	The Access Center
http://www.pacer.org/	PACER Center
http://www.nichcy.org	National Dissemination Center for Children with Disabilities
http://www.ed.gov/about/offices/list/osep/index.html	Office of Special Education Programs

Contacts

For more information regarding Transition Planning, you can call the OPI Special Education Division at:
406-444-5661

You can also find additional information on our website at:
<http://www.opi.state.mt.us/SpecEd/index.html>